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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	576P043
First Named Inventor	Shoji OISO
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DYE TYPE POLARIZING PLATE**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

**July 12, 2000**

as United States Application Number or PCT International

(if applicable).

Application Number **PCT/JP00/04658** and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
11/200435	JAPAN	07/14/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/211148	JAPAN	07/26/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/234058	JAPAN	08/20/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION of Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
Name Kevin S. Lemack			
Address Niels & Lemack			
Address 176 E. Main Street - Suite 8			
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Country U.S.A.	Telephone (508) 898-1818	Fax (508) 898-2020	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Shoji		Family Name or Surname OISO	
Inventor's Signature Shoji Oiso		Date November 6, 2001	
Residence: City Saitama	State	Country JAPAN	Citizenship JP
Mailing Address 6-8-25-202, Kamiochiai, Yono-shi,			
Mailing Address Saitama 338-0001 JAPAN			
City Saitama	State	ZIP 338-0001	Country JAPAN
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Kumiko		Family Name or Surname ISHII	
Inventor's Signature Kumiko Ishii		Date November 6, 2001	
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Mailing Address 4-10-5, Isehara-cho, Kawagoe-shi,			
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City Saitama	State	ZIP 350-1108	Country JAPAN
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a four digit (7) number and date

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Yoshitaka				KAJIWARA			
Inventor's Signature	Yoshitaka Kajiwarara					Date	November 6, 2001
Residence: City	Saitama	State		Country	JAPAN	Citizenship	JP
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Post Office Address	Saitama 338-0001 JAPAN						
City	Saitama	State		ZIP	338-0001	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Toru				Tabei			
Inventor's Signature	Toru Tabei					Date	November 6, 2001
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City	Saitama	State		ZIP	364-0007	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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